

Walk-In Crisis and Psychiatric Aftercare Programs

In September 2008, the Division allocated the funds to LMEs to establish 30 walk-in crisis and psychiatric aftercare programs. This funding pays for the services of the psychiatrists and other staff and for telepsychiatry equipment.

What is walk-in crisis and psychiatric aftercare? At a walk-in site an adult, adolescent, or family in crisis can receive immediate care. The care may include an assessment and diagnosis for mental illness, substance abuse, and developmental disability issues as well as planning and referral for future treatment. Other services may include medication management, outpatient treatment, and short-term follow-up care. Psychiatric aftercare may also assist consumers returning to the community from a state psychiatric hospital or alcohol and drug abuse treatment center until they are established with a local clinical provider.

Who staffs walk-in crisis and psychiatric aftercare? A psychiatrist, registered nurse, and clinical social worker are available to provide services. Services may be given face-to-face or by telepsychiatry equipment that allows a psychiatrist at a distant location to talk with and see consumers privately through closed-circuit television connections [LINK TO: <http://www.ncdhhs.gov/mhddsas/telepsyc/index.htm>]. This arrangement makes scarce psychiatric services available across the state, even in remote locations.